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7590

06/15/2004

Philip S. Johnson, Esq.
Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003

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Jacqueline Pintinics

(Depositor's name)

(Signature)

09/14/2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/083,776	02/26/2002	Stephen A. Ulrich	ORT-1587	5483

TITLE OF INVENTION: TASTE MASKED LIQUID PHARMACEUTICAL COMPOSITIONS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FUBARA, BLESSING M	1615	514-019000

3. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02; or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ortho-McNeil Pharmaceutical, Inc.
Recorded: May 16, 2003

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Raritan, NJ

Reel/Frame: 014070/0607

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. This following fee(s) are enclosed:

☐ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by check the required fee(s), or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

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Authorized Signatory (Date) 09/14/2004
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OMB 0651-0033

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